Signs of Effectiveness

In Preventing Alcohol and Other Drug Problems

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Substance Abuse and Mental Health Services Administration

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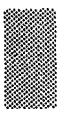


FOREWORD

The use of alcohol and other drugs (AOD) by youth is a national health problem. *The* need for effective prevention strategies is indeed great . . . and urgent. Through the High-Risk Youth Demonstration Grant Program, the Center for Substance Abuse Prevention (CSAP) has defined strategies effective in preventing AOD use. CSAP is pleased to present the project's findings in this report.

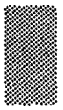
Other national health problems with complex ideologies, such as cancer and heart disease, require decades of in-depth, systematic studies to identity strategies that will have a positive preventive outcome on the incidence of these diseases. The same is true for AOD prevention, but we can share our successes along the way. Prevention does work!

Fortunately, the knowledge base for developing successful prevention strategies is a matter of incremental learning. It is important that at every step along the learning continuum, we share with everyone what we have learned concerning the use and effectiveness of strategies for the prevention of AOD use among high-risk youth.

This report, Signs of Effectiveness, identifies five groups of risk factors-individual-based, family-based, school-based, peer groupbased, and community-based risk factors-and presents examples and findings from prevention strategies used to respond to each of these five groups. Findings are reported from prevention strategies used by the first cohort of CSAP grantees funded in 1987. Findings from subsequent cohorts will be made available as they emerge from the program.

It gives me great pleasure to make this report available to you at this time.

Vivian L. Smith, MSW
Acting Director
Center for Substance Abuse
Prevention



ACKNOWLEDGMENTS

Many persons contributed to the preparation of *Signs of Effectiveness*, and we want to take this opportunity to acknowledge their efforts.

The information for this document comes from two sources: (1) site visits to the demonstration grants, funded in 1987 by the Center for Substance Abuse Prevention (CSAP); and (2) an analysis of final reports submitted by grantees when they completed their programs. This work was done by expert consultants and the staff of Macro International Inc. under Contract No. ADM-SA-88-005.

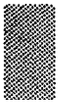
Several people have made substantive contributions to the conceptualization, organization, writing, and editing of this document. They include Jim Ross of Macro International Inc.; Terry Quinn, CSAP consultant; Stephen E. Gardner, DSW, CSAP; and Rosalyn D. Bass, MA, MPH, project officer for this contract.

Myles J. Doherty
Acting Director
Division of Demonstrations
for High-Risk Populations

Stephen E. Gardner, DSW
Acting Deputy Director
Division of Demonstrations
for High-Risk Populations

Rosalyn D. Bass, MA, MPH
Acting Deputy Director
Office of Budget, Planning,
and Evaluation

Rose C. Kittrell, MSW
Acting Chief
High-Risk Youth Branch



THE CSAP HIGH-RISK YOUTH DEMONSTRATION GRANT PROGRAM

SIGNS OF EFFECTIVENESS

This report presents the demonstration findings produced by grantees funded by the Center for Substance Abuse Prevention (CSAP) in 1987 under the High-Risk Youth Demonstration Grant Program. The strategies demonstrated by these projects addressed one or more risk factors found within five major risk factor groupings: (1) individual-based risk factors, (2) family-based risk factors, (3) school-based risk factors, (4) peer group based risk factors, and (5) community-based risk factors. A discussion of the strategies used by this first cohort of demonstration grantees has been organized according to these categories of risk factors that place the Nation's youth at risk for alcohol and other drug (AOD) use. Although many grantees developed complex strategies that addressed multiple risk factors in more than one risk factor category, for the sake of simplicity, the examples selected for this report illustrate responses to single risk factor groupings.

BACKGROUND

The use of alcohol and other drugs among American youth must be seen as one strand within a dense fabric of social ills that include

- High rates of school failure and dropout
- Widespread teenage unemployment, especially among minority youth
- Teen pregnancy and parenthood
- Addicted babies born to AOD-using mothers
- Adolescent depression and self-inflicted violence, including suicide
- Increasing incidence of AIDS among young adults, often as a result of drug use or sexual activity during the teenage years
- Domestic violence and child abuse, neglect, and abandonment
- Hundreds of thousands of latchkey children and runaway and homeless youth
- Pm-adolescent and adolescent gang activity
- Neighborhood crime and violence.

These social problems are often intricately linked to one another and frequently involve the same young people. The problems are part of the changing fabric of society, in which there is a high level of divorce, a general decrease in family and community cohesion, a significant rise in the number of families in which both parents are employed outside the home, high rates of immigration in recent years, a decrease in the number of available blue-collar jobs, and a shortage of available low-income housing.

No single government initiative can hope to address all of these problems. However, CSAP's High-Risk Youth Demonstration Grant Program has been funding community-based organizations, schools, and other nonprofit organizations in an effort to develop and field test innovative approaches aimed at preventing AOD use and helping young people make healthy, productive, self-affirming life choices.

Since this program's inception in 1987, community-based grantees have been supported to design, implement, and evaluate strategies directed at the individual, family, school, peer group, and community levels. The aim is to decrease the factors that place youth at risk for AOD use and to enhance the factors that protect and bolster the resilience of vulnerable youth.

Seventy percent of the CSAP-funded High-Risk Youth projects target individual-based risk factors, with interventions such as social and life skills training, tutoring, career awareness, and alternative activities; 50 percent target family-based risk factors, with strategies such as family life and parenting skills training; 50 percent target school-based risk factors, at times making use of ombudspersons or advocates to represent high-risk youth before the school administration and community agencies; 40 percent address the problem of negative peer influence through such means as peer support groups, resistance skills training, and correction of perception of peer norms; and 40 percent target the broader community through efforts to enhance cultural pride, orient clients and their families to available community resources, and provide youth with opportunities for performing community service or interacting with community elders. Typical CSAP Division of Demonstrations for High-Risk Populations (DDHRP) grant projects address multiple risk factors because the etiology of AOD use is complex and requires complex strategies with multiple-level interventions.

INDIVIDUAL-BASED RISK FACTORS

The following have been identified as individual-based risk factors that place youth at risk for alcohol and other drug use:

- **Inadequate life skills**
- **Lack** of **self-control, assertiveness,** and peer-refusal skills
- **Low self-esteem and self-confidence**
- **Emotional and psychological problems**
- Favorable attitudes toward alcohol and other **drug** use

- **Rejection of commonly held values and religion**
- **School failure**
- **Lack of school bonding**
- **Early antisocial behavior, such as lying, stealing, and aggression, particularly in boys, often combined with shyness or hyperactivity.**

PROMISING STRATEGIES FOR INDIVIDUAL-BASED RISK FACTORS

A number of strategies have been found to be effective in addressing individual-based risk factors associated with AOD use.

1. **Social and Life Skills Training Programs.** These interventions help youth develop communication, problem-solving, and decision-making skills; find ways to control anger and aggressive impulses; identify and understand complex feelings and emotions; and acquire or refine basic household skills. Approximately 50 percent of CSAP/DDHRP High-Risk Youth Grant projects have offered well-researched social and life skills training components. Examples include

- **Botvin's Life Skills Program**
- Perry's Amazing Alternatives Program
- Schinke and Gilchrist's Life Skills Programs
- Spivack and Shur's MEPS and PIPS Interpersonal Social Skills
- Hawkins' Preparing for the Drug-Free Years Program
- Hansen and Pentz's SMART, STAR, and I-STAR Projects.

CSAP/DDHRP Sample Program The Early Intervention with Substance Abusing Adolescents program at the Philadelphia Psychiatric Center targeted court-referred males ages 13 to 19 in two day-school treatment centers. One center offered an adaptation of Botvin's Life Skills Program; the other used a combined antiviolence and values clarification program. Youth in both programs showed statistically significant changes in five areas: negative attitudes toward the use of marijuana increased, as did knowledge about alcohol and smoking, and fighting and getting into trouble with the police while drunk or drinking decreased. Participants in the violence reduction program also committed fewer offenses and reported spending less money on drugs.

2. Alternative **Activities.** Tobler's meta-analysis of prevention programs has shown that alternative programs are highly effective in reducing AOD use among teenagers at high risk of dropping out of school. One such activity offered by a number of CUP-funded local projects is the experiential wilderness or "modified Outward Bound" experience, which is designed to increase self-esteem and selfconfidence in youth and hence alter other behaviors associated with increased risk for AOD use.

- **CSAP/DDHRP Sample Program:** Juvenile delinquents committed to the Department of Institutions participated in the Colorado CSAP Project (CCSAP). The residential program, Adventures in Change, began with a wilderness experience. The youth were excited about entering the program. The bonding to staffthat began in the wilderness continued throughout the program, and friends' approval of their prosocial behavior increased significantly. While 80 percent of the participants were school dropouts or at high risk of dropping out, 33 percent succeeded in getting a GED while enrolled in CCSAP.

3. Individual or Group Therapy or Counseling. Some individual-based risk factors may be effectively addressed by individual or group therapy or counseling.

- **CSAP/DDHRP Sample Program:** A community counseling center in Chicago joined a consortium of youth service agencies, developed under a CSAP grant to the Lakeview Comprehensive Youth Services Project. The counseling center was located in a building adjacent to a drop-in center for runaway and homeless youth that also belonged to the consortium. Through joint training programs, project meetings, and networking, the therapist at the center got to know counselors and youth at the drop-in center. The therapist became more familiar with the street culture and the threat it poses to youth survival. This understanding facilitated the establishment of a relationship with a group of previously unserved clients. After one trip with an outreach worker to meet the youth directly, the therapist's caseload doubled. Counselors at the drop-in center and outreach workers began to refer youth in need of individual counseling. Members of a very hard-to-reach population-homeless and runaway youth-were thus able

to get professional help to overcome denial, set personal goals, and deal with their AOD problems.

- **CSAP/DDHRP** Sample **Program:** The Workplace Project of City Lights School in Washington, DC did intensive group therapy with emotionally **disturbed** and delinquent inner-city adolescents referred by the courts and other social service agencies. Almost 100 percent of the participants were school dropouts, but **80** percent of the youth achieved more than a 50 percent attendance rate and stayed in the program an average of **9** months. There was a dramatic change in the job/school status of clients. At admission, only 22 percent were working or in school or **training,** but at follow-up this figure rose to 70 percent. While evidence from the Psychological Health Inventory at follow-up was inconclusive, self-image had improved and **85** percent remained outside more restrictive environments (detention facilities, psychiatric hospitals, or residential treatment centers).

4. Tutoring and Homework Support **Activities.** A significant number of demonstration projects offered tutoring or homework supervision. Teachers, parent volunteers, members of the general community, and older students provided these services.

- **CSAP/DDHRP** Sample **Program:** The Alcohol and Drug Abuse Community Prevention Project (ADACPP) of the New Orleans Public Schools offered after-school **programming** for African-American latchkey **children** in kindergarten through sixth grade. In addition to **free** play activities, the intervention included supervised homework exercises with two cohorts and self-esteem **building** exercises to only one of these cohorts. While there were no notable gains recorded in the area of student selfesteem for either cohort, this program resulted in significant improvement on standardized tests for the cohort that received the self-esteem building exercises.

5. Mentoring **Programs.** Many high-risk youth, including children of **AOD**-abusing parents, need positive role models and adult encouragement to achieve their potential. Approximately 10 percent of the **grant** projects have included mentoring components. Staff members have recruited high school and college students, community volunteers, and concerned parents to work with youth participants.

- **CSAP/DDHRP Sample Program:** The CHOICE Intervention Alcohol and Drug Program in Louisville, Kentucky trained community volunteers as mentors for middle school and high school students. The Denver-based Colorado CSAP Project used mentors to help **previously** adjudicated youth through their transition back to living in the community. The **Fenix** Program in Santa **Cruz** brought in people with everyday jobs to talk with middle school-age youth about realistic vocational expectations.

FAMILY-BASED RISK FACTORS

The earliest and most enduring influence on the child is the family. being the child of an alcoholic or a drug abuser or having a family history of alcoholism or drug abuse places a child at serious risk of AOD use. Youths with a large number of alcoholic relatives are especially vulnerable to becoming alcoholics or drug abusers themselves. The reasons for the increased vulnerability appear to be both genetic and psychosocial.

Studies have revealed a number of family-based risk factors for alcohol and other drug use:

- Family **conflict and domestic violence. These factors are mani**fested by high levels of negative family communication: namecalling, harsh criticism, threats, fighting, and power struggles.
- **Family disorganization. This is** evidenced, for example, by a lack of family rituals.
- Lack **of family cohesion.**
- **Social isolation of family.** AOD-abusing families have been found to have fewer social supports in the community. Social isolation is exacerbated by a high level of family mobility, which, in addition, interferes with the ability of the youth to bond with the school.
- **Heightened family stress. The** abuse of alcohol and other drugs often produces financial and career strains that add to the level of family stress. On the other hand, financial and career stress could also help lead to an increase in the use of alcohol and other drugs.
- **Family attitudes favorable to drug use.** Some parents believe that drug or alcohol use is helpful to "reduce stress," have fun," or "cope with life." This positive attitude toward drug use is transmitted to the youth and reduces barriers toward the use of these drugs.
- Ambiguous, lax, or **inconsistent rules and sanctions regarding drug use.** Children and adolescents are usually more vulnerable when parents do not have a clear no-use policy about AOD use and do not enforce this policy with sanctions.
- **Poor child supervision and discipline practices. This** includes the failure to set clear behavioral expectations, poor parentchild interactions, and excessive or inconsistent punishment.
- **Unrealistic developmental expectations.** Some parents, **especially AOD-abusing** parents, have behavioral expectations that are beyond their children's talents or age. This can result in angry, punitive parents and children with low selfesteem.

PROMISING STRATEGIES FOR FAMILY-BASED RISK FACTORS

A number of interventions have been shown to be effective in reducing family risk factors by strengthening the drug-involved family.

1. **Family Therapy.** A number of CSAP family therapy programs for children of drug or alcohol abusers are based on the best-researched family therapy programs, such as structural and functional family therapy. Szapocznik and his associates at the University of Miami have combined family therapy with bicultural effectiveness training that has been successful in reducing family risk factors for drug abuse in acculturating Hispanic/Latin0 American families. This family therapy model and other similar approaches are being used in several CSAP family therapy programs.

   - **CSAP/DDHRP Sample Program:** The House Next Door in Deland, Florida developed and implemented a structured family therapy program called Prime Time. Focusing on youth ages 10 to 15 and their families, this program delivered family therapy in conjunction with parent training services in the homes of the participating families. This innovative approach resulted in a high rate of client retention. In addition, decreases in family violence and drug use were reported among the targeted youth.

2. **Family Skills Training.** Unlike family therapy, family skills training makes use of established curricula that can be implemented by individuals who are not professionally trained psychotherapists. Consequently, it is a less expensive group strategy, Either of the following two family skills training programs were offered by at least 10 High-Risk Youth Demonstration Grant projects: the Strengthening Families Program (SFP), developed by Kumpfer and associates at the University of Utah, and the Nurturing Program, developed by Bavolek and associates.

   - **CSAP/DDHRP Sample Program:** Following the SFP model, The Young Children of Substance Abusers Project in Selma, Alabama directed services to AOD-abusing mothers and their children ages 6 to 12. The staff devoted 14 weekly meetings to family skills training. Participants reported reduced conflict and improved family organization and cohesion. Among the children, there was reduced evidence of depression, withdrawal, aggressiveness, delinquency, and somatic complaints.

3. Play Therapy. **Black and Learner have made play therapy techniques one of the interventions of choice for young children of AOD-abusing parents.**

   - **CSAP/DDHRP** Sample **Program:** The CODA Program in Downey, California **targeted children of AOD users ages 4 to 10 and their families. The program, which consisted of play therapy for the children and family interaction groups, improved family cohesion and reduced family conflict. The CODA program also alleviated the behavioral and emotional problems of the children and improved their se&esteem.**

4. **Parent Training Programs.** Approximately half of CSAP's High-Risk Youth Demonstration Grants have implemented some form of parenting skills training, using models such as Patterson's Parenting Program, Hawkins' Preparing for the Drug-Free Years Program, Boswell's Families in Focus Program, Alvy's Confident Parenting Program for African Americans and Hispanics, Cordon's Parent Effectiveness Training (PET), and Dinkmeyer and McKay's Systematic Training for Effective Parenting (STEP).

   - **CSAP/DDHRP Sample Program: The** Children's Intervention Project of the Women's Alcoholism Center in San Francisco operated a parent training program to help recovering alcoholic women meet their own needs and explore how their problems may be impairing their ability to care for their children. Alcoholic mothers in recovery attended a 16-week parenting class, which led to significant differences in two areas: (a) increased enjoyment of the parental role and (b) reduced tendency to **control by inducing guilt.** Mothers used the group sessions instead of their children to release negative emotions.

5. Parent Involvement **Programs.** Even in cases in which it has been difficult to persuade AOD-abusing or high-risk adults to join a parent **training or family skills training group**, some CSAP grantees have succeeded in involving parents in youth activities by asking them to share their special talents with the group.

   - **CSAP/DDHRP Sample Program:** PADRES, in Corpus Christi, Texas, **focused their intervention on Hispanic children and adolescents, some of whom had been expelled from school for drug-related offenses. The parents of these students were required to attend two counseling sessions at the program site. The** PADRES staff **used this opportunity to broaden the involvement of the parents. In time, the parents sponsored "Say Nope to Dope" clubs, chaperoned parties and dances, assisted in fundraising, and staffed** information booths at malls and fairs. The program garnered local business support for an annual parent recognition dinner at which parents of the year" received awards. These dinners attracted heavy attendance, promoted family entertainment, and created a community tradition. Instructional and support groups reduced social isolation. Family turnout at PADRES events raised community pride and generated a sense of accomplishment. In the words of the program's director, "If parents can see the world even for **1 hour through the eyes of their children, they may be** able to change their behavior and improve relations at home."

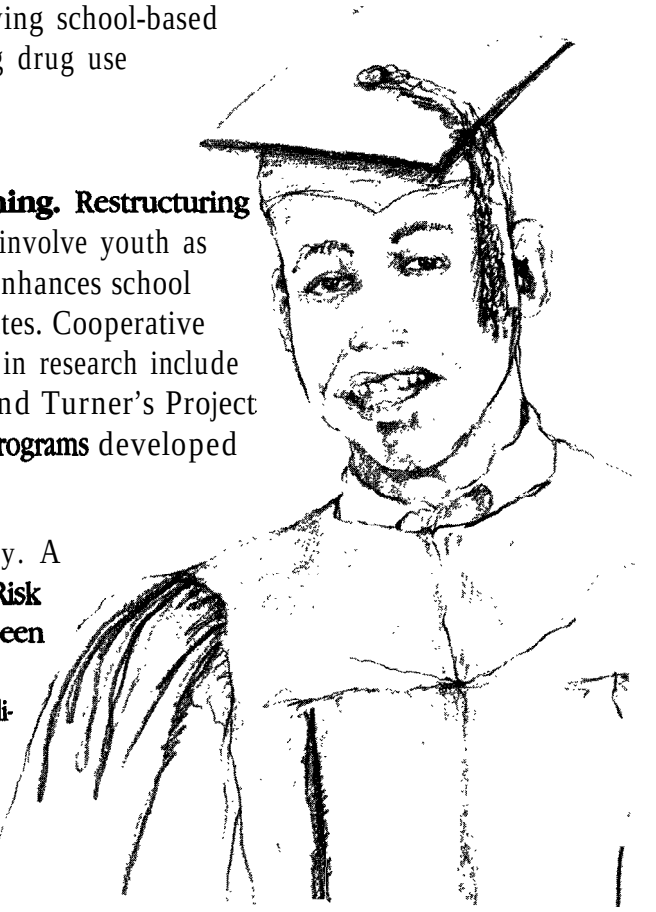
SCHOOL-BASED RISK FACTORS

The susceptibility of youth to alcohol and other drug use is often increased by risk factors in the school environment, such as

- **Ambiguous, lax, or inconsistent rules and sanctions regarding drug use and student conduct.** According to Gottfredson, ambiguous messages in the school climate concerning AOD use increase the risk of use by students.
- Favorable staff and student attitudes toward drug use. Schools with norms that condone the use of marijuana and other drugs have been found to have higher overall AOD use rates and higher use by better adjusted youth.
- Poor student management practices. School staff and teachers who have not learned behavioral and cognitive psychological principles for disciplining and rewarding students are more likely to (a) encourage inappropriate behavior in youth and (b) fail to reinforce positive behavior, such as resisting peer pressure to experiment with drugs.
- Availability of tobacco, alcohol, and other drugs on the school premises. Increased access to drugs at school increases risk of AOD use in vulnerable youth.
- Lack of school bonding. At-risk students who are less bonded to school and lack academic motivation are more likely to use alcohol and other drugs.

PROMISING STRATEGIES FOR SCHOOL-BASED RISK FACTORS

CSAP/DDHRP grantees have found the following school-based approaches to be effective ways of preventing drug use among youth:



1. **Teaching Reform/Cooperative Learning.** Restructuring the typical didactic teaching method to involve youth as active partners in the learning process enhances school bonding and hence reduces drug use rates. Cooperative learning models that are well grounded in research include Gottfredson's Project PATHE, Kumpfer and Turner's Project HI PATHE, and Hawkins' prevention programs developed at the University of Washington.
2. School Alcohol and Other Drug Policy. A crucial aspect of many school-based High-Risk Youth Demonstration Grant projects has been the collaboration of students and school in developingclearandconsistent school policies governing AOD use.

3. **Educational Planning.** Some High-Risk Youth Demonstration grantees helped school-age participants explore their values and attitudes regarding higher education and involved youth in goal-setting exercises.

   - **CSAP/DDHRP Sample Program:** Project Step-Ahead in the Bronx, New York offered after-school activities targeted to Hispanic and African American youth ages 10 to 15. Staff used a battery of standardized tests to assess students' academic and career potential, helped youth develop individualized plans, then visited the school and tracked each participant's progress. On-site sessions included reading and computer instruction, theatrical improvisation, and art projects. Program participants demonstrated improved scholastic achievement and higher educational and career aspirations. Only 2 of the 124 students required alcohol or other drug treatment during the course of the program year.

4. **Ombudsperson/Advocate to Enhance School Bonding,** Many high-risk youth and their parents feel they have no one to speak on their behalf and to represent their interests before school authorities. Parents with such feelings have difficulty communicating and bonding with the school. Youth of these parents are disinclined to bond with the school and succeed academically.

   - **CSAP/DDHRP Sample Program The Se** Puede Project of the Edgewood School District of San Antonio, Texas focused on middle and high school students who were failing subjects and in danger of dropping out. Some were gang members; some had attempted suicide. The program arranged for a counselor to be available at each school-someone whom these youth liked and trusted and who could act on their behalf as a mediator. The counselor's office served as a "special place" for participants. Parents could also bring complaints and concerns to the counselor, and they began to feel less intimidated by the school environment. As a result of the program, student failure rates decreased and standard test scores demonstrated an improvement in academic motivation.

PEER GROUP-BASED RISK FACTORS

One of the strongest predictors of adolescent drug use is an association with drug-using peers. Youth who are highly motivated to use alcohol or other drugs **may** seek out other **drug-using peers. In other cases, peers may** encourage or pressure youth to experiment. Three major risk factors in this area are

- Association with delinquent, drug-using peers
- Association with peers who have favorable attitudes toward drug use
- Susceptibility to peer pressure.

PROMISING STRATEGIES FOR PEER GROUP-BASED RISK FACTORS

1. **Positive Peer Clubs** or **Groups.** Participants may practice life skills, engage in alternative activities, or attend events designed to increase cultural awareness, but the main purpose is to establish peer groups with attitudes and values that support health-promoting choices. As individual participants face decisions, the group provides support to help the individual make the "right choice." In relation to alcohol and other drugs, this means abstinence.

   - **CSAP/DDHRP Sample Program: The** primary targets of the Peer Support Retreat Project of Amity, Inc., in Tucson, Arizona, were Hispanic gateway drug users of middle-school age, many of whom had experienced child abuse or abandonment. The intervention consisted of a 48-hour retreat held at a ranch and included exercises in positive peer support. At the end of the program, participants made a mutual commitment to remain free of alcohol and other drugs and to attend weekly follow-up meetings of a support group at their schools for a period of 3 months. A high percentage of the participants kept their resolutions.

   - **CSAP/DDHRP Sample Program The** Each One-Reach One Program sponsored by George Mason University, Fairfax County, Virginia, targeted high-risk youth ages 11 to 18 using a comprehensive approach that included peer recruitment, promotion of community-based, drug-free peer networks, and creation of a Youth Advisory Board. Youth Board members developed leadership and social skills by attending conferences and community youth summits and sponsoring drug-free events. Since program closure, youth have continued to serve on community and local government AOD prevention advisory boards. Program successes included development of long-term peer networks, delaying onset of AOD use both before and after leaving the program, and reducing current alcohol use. Post-test data show that most youth developed four or more friends through the program, and 73 percent said that none of their friends use drugs.

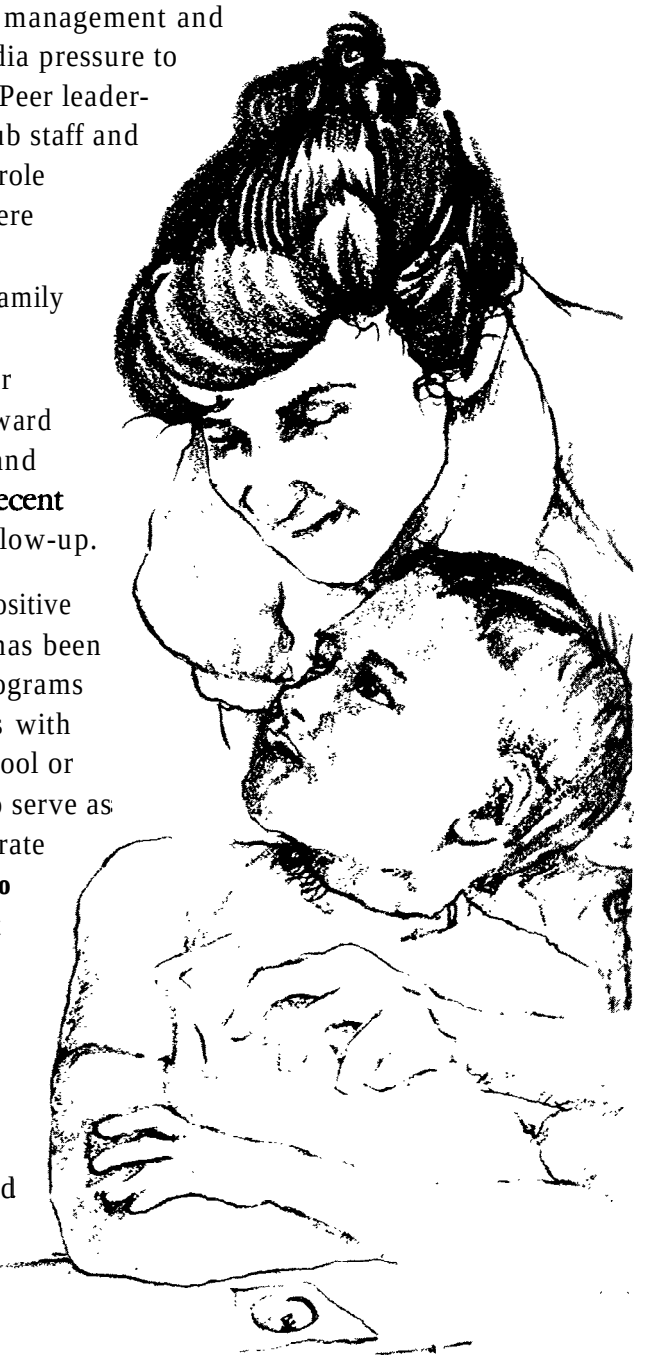
2. **Correcting** Perceptions of Norms. There is growing evidence that altering a youth's perception of peer norms concerning AOD use can be an effective way of reducing actual use. Most youth are not users and knowing this decreases the pressure on young people to become users. Accurate information concerning peer norms is often offered in conjunction with peer support groups with positive values and attitudes as a means of promoting desirable youth group identification and interaction.

3. Peer Resistance Training **Programs.** This approach uses role playing to teach youth to "say no" to alcohol and other drugs. A number of High-Risk Youth Demonstration Grant Programs have incorporated components of well-known peer resistance skills programs. Youth are taught how to identify negative family, peer, or media pressure and how to practice different ways of resisting the offer of alcohol or other drugs by saying no, changing the topic of conversa-

tion, or, if necessary, leaving the situation. Many peer resistance training programs have reported success, particularly in dissuading young people from experimenting with tobacco, alcohol, and marijuana.

- **CSAP/DDHRP Sample Program: The Super II** Project in Atlanta, Georgia, targeted African-American youth ages 10 to 15 and their parents or guardians. This g-week peer resistance training program worked with adults and youth, both separately and together. Outcomes included a significant decrease in the frequency of AOD use among youth, who claimed that the training significantly increased their ability to turn down offers of alcohol and other drugs.

- **CSAP/DDHRP Sample Program: The** Pennsylvania State University and participating Boys Clubs nationwide developed and implemented a "booster session" curriculum for high-risk youth called SMART LEADERS. It included sessions on stress management and on resistance skills against peer and media pressure to engage in AOD use and sexual activity. Peer leadership activities were integral and both club staff and youth leaders served as strong, positive role models. Participating youth felt they were helping in the "war against drugs," even though many came from drug-abusing family and community environments. Analyses showed that youth receiving the booster sessions had more negative attitudes toward alcohol, marijuana, and other drug use and tobacco use, as well as lower levels of recent sexual behavior at both post-test and follow-up.



4. **Positive Peer Models. The** impact that positive role modeling can have on young people has been recognized for many years. Some CSAP programs focus specifically on providing participants with peer role models by arranging for high school or college students who arc non-drug users to serve as Big Brothers or Big Sisters. Others concentrate on encouraging team or club youth who do not use alcohol or other drugs to reach out and include high-risk youth in established group activities.

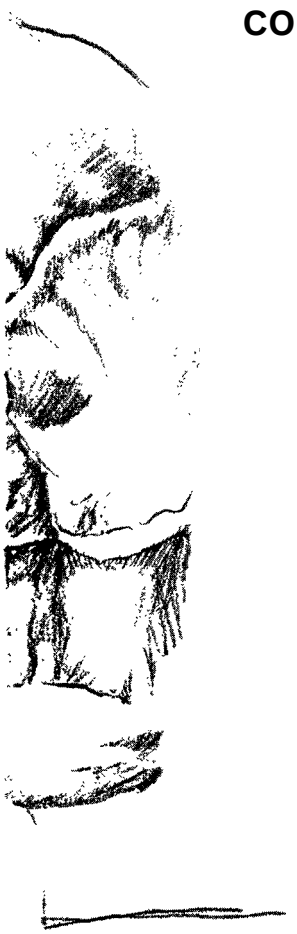
- **CSAP/DDHRP Sample Program: The Athletes** Coaching Teens Project in Richmond, Virginia, targeted African-American seventh graders. Staff recruited college athletes to train high school students, who then involved seventh

graders in "Going for the Goal" activities. Results showed an increase in the seventh graders' (a) self-esteem, (b) self-control, (c) completion of homework assignments, (d) resistance to offers of alcohol and other drugs, and (e) expressions of disapproval of peers' AOD use.

5. Peer **Leadership and Counseling Interventions. In peer** leadership programs, high-risk youth learn how to speak before an audience, how to organize tasks and communicate effectively with peers and adults, and how to facilitate group process. They are often given opportunities to speak at conferences and meetings or to co-lead prevention activities. Counseling interventions involve young people in helping their peers through one-on-one structured sessions, informal street encounters, and answering a telephone hotline.

   - **CSAP/DDHRP Sample Program: The** Friendly PEERsuasion Project of Girls, Incorporated (formerly Girls Clubs of America), targeted high-risk minority females ages 11 to 14. Using a cross-age peer leadership approach, it provided gender-specific information on drug effects. Trained "peersuaders" working in teams taught 6- to 10-year-olds how to avoid alcohol and other drug use. The program was moderately effective in delaying such use among the 11- and 12-year-old club members. A positive relationship was found between length of stay in the program and avoidance of alcohol and other drug use.

COMMUNITY-BASED RISK FACTORS



Parents, guardians, and children alike are influenced by the mores of their immediate neighborhood, the wider community, society, and the media. Community-based risk factors for alcohol and other drug abuse include

- Community **disorganization.** Drug problems are likely to increase in areas in which (a) the most competent community members have moved to more prestigious neighborhoods, leaving few potential leaders, (b) large numbers of transient families and families living in housing projects feel little commitment to the community, (c) high crime rates and youth gang activity prevail, and (d) public and private fiscal resources are lacking to create opportunities for children and families.

- **Lack of community bonding.** More and more young people are feeling that they do not belong in their communities. They do not identify with many of their neighbors, they do not feel that people care about their welfare, and they have difficulty finding positive role models. These youth often reject the prosocial values of their community, rebel against authority, and reject religious institutions and participation in organized recreational, social, and cultural activities. This alienation and rejection of societal values place these youth at very high risk for the use of alcohol and other drugs.

- **Lack of cultural pride.** Many youthful members of ethnic minority groups internalize the negative images of their own culture that are presented in the media or in their school texts. These conditions can lead to low self-regard. Others simply have little knowledge of their cultural history, traditions, and values from which to develop pride in their heritage.

- Lack **of bicultural competence.** The research of Otting and Chavez suggests that bicultural competency is an important resiliency factor for minority youth. Minority youth who can negotiate competently in the majority as well as in their minority culture are more likely to avoid **AOD use.**

- **Community attitudes favorable to drug use.** Manyindividualsare at risk **by virtue** of living in neighborhoods in which large numbers of the adults and youth believe that AOD use is acceptable. Research has shown that healthy communities develop informal social control systems that generate norms governing drinking, drug use, and other risk-related behaviors. When messages conflict, the systems break down and require external, formal social controls. Formal control systems have not produced long-lasting decreases in AOD use and are widely considered to be ineffective prevention strategies.

- **Ready availability of alcohol and other drugs. The** greater the availability of alcohol and other drugs, the greater the risk of use by children and adolescents as well as adults.

- **Inadequate** youth services **and opportunities for prosocial involvement. Communities** that have many opportunities for prosocial youth involvement have reduced drug problems. Youth need opportunities to contribute to society and should be rewarded for these activities.

PROMISING STRATEGIES FOR COMMUNITY-BASED RISK FACTORS

The following interventions have been effective in reducing some community-based risk factors:

1. **Cultural Enhancement Programs.** Approximately 30 percent of the CSAP/DDHRP demonstration projects have included a cultural enhancement component aimed at increasing minority youths' knowledge of their subculture's history, traditions, and values, and reinforcing positive cultural identity and pride. This prevention approach was used by all of the Native American grantees. Some programs incorporated the cultural resources in their community into their cultural enhancement programs by including such activities as field trips, visits to community art exhibits and historical and religious sites, and cultural fairs for their young people.

- **CSAP/DDHRP Sample Program: The** Cherokee Challenge Early Intervention Project in Cherokee, North Carolina was targeted to Native American youth ages 10 to 18. The intervention adapted the Outward Bound concept to the cultural needs of Native Americans. During the course of weekly meetings, small "clans" gained a thorough understanding of Cherokee history, Participants learned traditional songs, dances, ceremonies, and rituals, such as those pertaining to the sweat lodge.

2. **Orientation to Community Services.** Many of the populations served by the High-Risk Youth grantees are poor and isolated and lack an awareness of available community services. Staff often find that project participants have multiple health and basic life needs that must be met before prevention activities can begin. Creative ways to address these needs include (a) assessing awareness of community services, (b) adding program sessions designed to help participants identify and access neighborhood resources, (c) developing a community services directory and distributing it to current and potential clients, (d) helping particularly needy families find support, and (e) arranging for individuals to secure housing, financial aid, health care, child care, clothing, food, bedding, furniture, and educational, mental health, and AOD-abuse treatment services. Some grantees solicited and stored food, clothing, and household goods, then distributed them to families.

3. **Rites of Passage. In** formal and informal ways, CSAP grantees have helped adolescents learn how to become responsible, mature members of the community. By interacting with adults under culturally prescribed circumstances, young people are exposed to positive role models and are appreciated for the unique contributions they can make. Rites of Passage is a program for African-American youth designed to increase self-esteem and self-confidence. A facet of this program, however, is directed at developing community responsibility.

- **CSAP/DDHRP Sample Program: The** Comprehensive Afro-American Services Project at the University of Cincinnati targeted youth ages 13 to 22. The intervention included a Rites of Passage protocol that addressed male-female relationships, race relations, and self-discipline and included a community service requirement and entrepreneurial activities for the youth participants. Also included in this program was a Council of Elders that provided an adult community with whom the youth could interact and from whom they could receive acceptance. Under the Rites of Pas sage protocol, the youth participants adopted positive African-American community values.

4. Positive, Drug-FreeYouth Groups. To combat the youth gang and crime involvement, many CSAP-sponsored projects established youth groups that emphasized social and life skills development, non-drug use, and community participation and assistance. Youth clubs such as Boys and Girls Clubs have demonstrated effectiveness in reducing crime and delinquency. Several CSAP High-Risk Youth grantees have modeled their projects on such youth-serving organizations.

- **CSAP/DDHRP** Sample Program Boys and Girls Clubs of America offered a youth development program to demonstrate that high-risk youth living in five public housing sites nationwide can show increased resiliency to AOD use and that rates of AOD use, delinquency, and vandalism can be reduced, by attracting and involving youth in meaningful and positive alternatives to the street. Programs used the core SMART Moves curriculum to enhance resistance and decision-making skills. At post-test and follow-up, results showed decreased rates of AOD use, decreased criminal activity by juveniles, and less vandalism at the sites. Data from schools attended by participants showed decreased truancy, academic failure, and behavioral problems. To date, 73 public housing Boys and Girls Clubs have been established as a result of this demonstration.

- **CSAP/DDHRP** Sample Program: The Comprehensive Youth Services Project was implemented in five rural high schools in Lake County, California_ Groups of peer helpers led by a core group of counselors evolved at each school. Each group planned its own agenda and focus: community service, volunteering at teen centers and nursing homes, emergency grief counseling, teaching AOD prevention classes to middle-school students, and implementing a campaign against the use of smokeless tobacco.

5. **Community Service Activities.** When youth have the opportunity to make positive contributions to their community, they feel needed and respected. The High-Risk Youth Demonstration grantees enabled pre-adolescents and teens to organize crime watches, paint buildings in their neighborhoods, clean up parks, and operate soup kitchens.

   - **CSAP/DDHRP** Sample Program: The Targeted Primary Prevention Program, which served African-American and Hispanic youth ages 10 to 16 in Hartford and Bridgeport, Connecticut focused on projects such as day care centers, soup kitchens, and a newspaper office. Besides being rewarded with shirts, baseball hats, trophies, certificates, outings, and stipends for 60 hours of community work, participating youth gained self-respect, forged useful ties with established institutions, and received considerable public recognition.

   - **CSAP/DDHRP** Sample Program: The Fenix Project in Santa Cruz, California targeted students ages 11 to 16 in a barrio where drug sales occurred on the streets outside the program and gangs ruled the streets and alleys. The intervention included a community service project that brought together the youth, local park service employees, and the broader community in a joint effort to clean up and renovate a park.

6. **Community Media** Education Activities. A number of grantees have conducted media campaigns and issued public service announcements to raise community awareness of the AOD abuse problem and to recruit participants and volunteers.

- **CSAP/DDHRP Sample Programs: The** Comprehensive **Afro-American** Adolescent Services project at the University of Cincinnati produced a cable television program that reached 5,000 to 7,000 viewers. PADRES and La Nueva Vi& in Santa Fe, New Mexico also developed television **programs.**

7. Safe Haven Activities. An **important** facet of many prevention programs is **simply** to provide a safe area for youth. This is **particularly** necessary in neighborhoods that have been taken over by gangs and drug dealers and thus place the **youth** of the community at risk, not only for the use of alcohol and other drugs but also for their very survival.

- **CSAP/DDHRP Sample Programs: The** Morning Song Program in Seattle, Washington targeted homeless children from birth to 5 years and their families. Housed in a shelter, the **program** provided the children with a secure place to play and relieved **4** and **5-year-old** children of "parenting" responsibilities toward younger siblings. Young children were provided with a variety of experiences to help prepare them for Head Start. For parents, the program provided a welcome respite from child care and from the task of taking their children across town to receive health services.

The Santa **Cruz Fenix** Project, called "an island of hope" by the local probation office, provided a safe place for young adolescents to go after school as an alternative to gang activity.

EPILOGUE

This report is just one of several that shares information from the **CSAP High-Risk Youth Demonstration** Grant program with the field. **Other reports will include an in-depth look at strategies that** address **individual-**based risk factors, family-based risk factors, school-based risk factors, peer groupbased risk **factors,** and community-based risk factors. These reports will be based on projects funded in this first cohort of grantees as

well as non-CSAP-funded programs, to present what is known as the state of the art in each of these areas.

In addition, a manual of successful strategies for implementing AOD use prevention programs is being prepared. This manual is based on the experience of the CSAP demonstration grantees. CSAP has already produced *Insights from the High-Risk Youth Demonstration Grant Programs: Fact Sheets* and *Program Assessments*, a compilation of two page fact sheets presenting the critical characteristic of a project and a program assessment of that project. This document currently contains material for 102 completed grants from the first CSAP-funded cohort. Data from the remaining projects in the initial cohort will be added as available. As additional cohorts of grants are funded and implemented, more information will be available for dissemination to the field.

THE WEB OF INFLUENCE